

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B087131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/12/2015
NAME OF PROVIDER OR SUPPLIER VIA CHRISTI HEALTHCARE OUTREACH PROGRAM F		STREET ADDRESS, CITY, STATE, ZIP CODE 2622 W CENTRAL AVE WICHITA, KS 67203		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citation is the result of a Licensure Resurvey at the above named Adult Day Care Facility in Wichita, Kansas on 02/09/1, 02/10/15, 02/11/15, and 02/12/15.	S 000		
S2330 SS=F	26-43-104 (d) Disaster and Emergency Preparedness Education d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-43-104(d) The census equalled 95 the sample included six Residents. Based on interviews and reviews of records, for six of six sampled (#189, #187, #183, #180, #181, and #185), all non-sampled, and for all employees, the Administrator failed to complete quarterly reviews of the facility emergency management plan with employees and Residents (Participants) as required.	S2330		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S2330	<p>Continued From page 1</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Upon review and completion of the entrance checklist 02/09/15 and 02/10/15, available information indicated lacking evidence of quarterly disaster reviews with Residents and employees. <p>On 02/11/15 at 9:30am Chief Operating Officer stated I started in this position last July... this is the documentation I found since the last Resurvey in March 2013... there may have been more reviews completed but I do not have any of those.</p> <p>By review of provided documentation, the facility conducted a full staff/employee review of "Emergency Preparedness in Long Term Care" during a scheduled 11/30/14 inservice noted on a "2014 Relias Management Learning Systems Monthly Assignment Schedule." Staff signatures documented review/completion of the Emergency information between 11/02/14 and 12/05/14. The inservice schedule and forms provided lacked any additional emergency reviews for employees, and lacked any reviews for Residents (Participants).</p> <p>On 02/11/15 at 5:45pm, Administrator acknowledged the lacking Disaster/Emergency Plan reviews... confirmed staff department heads all new since the last Resurvey.</p> <p>The Administrator failed to complete quarterly reviews of the facility emergency management plan with employees and Residents as required.</p>	S2330		